

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | W        | 7653P  | 02-14-00 |
| O.I.P.E. CLASSIFIER       | X3       | 26910  | 2-14-00  |
| FORMALITY REVIEW          | MMB      | 170976 | 4-14-00  |
| RESPONSE FORMALITY REVIEW | MMB      | 170976 | 5-25-00  |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date    |
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| 1     | 5/21/03 |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Form P  
(Rev. G)